ELLENBECKER PERSONALIZED MEDICINE

Modern Care, Intentional Focus

OFFICE POLICIES

Please review and sign. Keep a copy for your records.

PHYSICIAN COMMUNICATION POLICY

- **Business hours.** Contact the office at 682.200.9960. For questions that are not time-sensitive, message us through the patient portal.
- **Business hour messaging.** Messages received during business hours will be answered the same day when possible.
- **After hours.** Members receive their provider's direct mobile number. For acute or urgent concerns, text your provider first. If you do not receive a call or text back within 10 minutes, call your provider. Non-urgent messages may be answered the following day. If your provider is unavailable, a second provider, if employed, may respond.
- **Voicemail.** Leave your full name, date of birth, callback number, and preferred pharmacy. Your voicemail greeting must identify you so we can leave information.
- **New problems need a visit.** Symptoms that begin after your last visit usually need an exam.
- **Emergencies.** Call 911 or go to the nearest emergency room. Do not wait for a callback.

VACATION / OUT OF OFFICE POLICY

- Planned closures and provider absences are posted in advance on our website, www.ellenbeckermedicine.org, and sent by text or email. The clinic has limited hours and availability on Mondays.
- When your provider is out of the office, including time off during business hours and out-of-state travel, a second provider, if employed, may see patients and/or respond to messages on your provider's behalf for acute or urgent matters.
- If no coverage is available, seek care at an urgent care center. Life-threatening conditions belong in an emergency room.

APPOINTMENT POLICY

- **Arrival.** Please arrive 10 minutes early. Complete new-patient forms before your visit.
- **Late arrival.** If you arrive more than 10 minutes late, we may need to reschedule so other patients are not delayed.
- **Cancellations.** Give at least 24 hours notice to cancel or reschedule.
- **Missed appointments.** A third missed appointment or late cancellation within 12 months incurs an $85 fee.
- **Visits not billed to insurance.** These visits are assessed a visit fee of $85.
- **Same-day visits.** Same-day appointments are held for members and filled by request, subject to availability.
- **Guests.** Up to 2 guests may join a visit, space permitting.

FINANCIAL POLICY

- **Membership fee.** The membership fee covers personalized services and the MDVIP annual wellness program as outlined in your membership agreement. It is not insurance and does not replace it.
- **Insurance.** We bill your insurance for covered services outside those covered by the membership fee. Copayments, coinsurance, and deductibles are due at the time of visit.
- **Your benefits.** You are responsible for knowing your coverage. We cannot guarantee what your plan will pay.
- **Outside services.** Laboratories, imaging centers, specialists, and hospitals bill separately.
- **Payment.** We accept credit cards, HSA/FSA cards, and checks. We do not accept cash. A card on file is required.
- **Cancellation and refunds.** Membership cancellation and refunds are governed by your MDVIP Membership Agreement.
- **Billing questions.** Contact the office. Questions about insurance decisions are best started with your insurer.

REFILL POLICY

- **Request refills early.** Contact your pharmacy or the portal at least 3 business days before you run out.
- **Hours.** Refills are processed during business hours only, not on weekends or after hours.
- **Follow-up required.** You must have been seen within the past 12 months, and the condition being treated must be up to date on necessary monitoring.
- **Controlled substances.** Schedule II medications require an in-office visit every 3 months, except stimulants, which require a visit every 6 months. Schedule III–V medications require a visit, in office or by video, every 6 months.

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TECHNOLOGY POLICY

- **Patient portal.** The portal is our secure channel for results, forms, and non-urgent messages.
- **Text and email.** These are convenient but not fully secure. By signing below, you consent to receive appointment reminders and general communication this way.
- **Video visits.** Video visits are available when clinically appropriate. You must be located in Texas for the visit.
- **Artificial intelligence.** Our providers use HIPAA-compliant AI to support patient care, including ambient listening during visits, chart review, research, and patient responses.
- **Recording.** Audio or video recording of visits requires prior consent from your provider and staff.

SCOPE AND GUIDELINE OF PRACTICE

- **Services.** Include preventive care, acute illness, and chronic disease management, as well as specialist referral coordination.
- **Panel size.** Your physician limits his practice to fewer than 600 patients to preserve personalized care.
- **Appointments.** Members receive same-day or next-day appointments whenever possible.
- **24/7 availability.** You receive direct after-hours access to your physician by phone or text.
- The doctor cares for adult members and their children ages 5 to 24 who live with them or attend college.
- Out-of-town guests and relatives of members may be seen for acute concerns only, at the physician's discretion.
- We do not provide emergency, urgent care, obstetric, or inpatient care.
- Our office has very limited dermatologic procedure and surgical capability.
- Controlled substances are prescribed only under a signed treatment agreement and at the physician's discretion.

LAB SERVICES POLICY

- When possible, labs are drawn in our office. Quest is our default laboratory. Tell us if you prefer LabCorp.
- We will draw labs ordered by another provider if you bring the ordering provider's order form and we have the supplies.
- Labs are billed by the performing laboratory, not by this practice. Check your coverage before testing.
- Extended lab panels are offered as a cash-pay option. If you elect one, it is billed directly to your credit card on file.
- Results are posted to your portal as they are reviewed. Your provider will contact you about abnormal results. Expect results within 5 business days.

ACKNOWLEDGMENT

I have read and understand these Office Policies and agree to abide by them. I understand that the practice may update them and will provide notice of changes.

Patient Name (print)	Date of Birth
Signature of Patient or Responsible Adult	Date
Responsible Adult Name and Relationship (if applicable)	Phone